

FILED MAY 18 1944

State File No. _____

Registration District No. 30

Primary Registration District No. 3010

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 2 weeks

3. (a) PRINT FULL NAME Ignatz Andy Burger

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 348-05-1533

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Henkel Burger 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 21 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 21 hr. min.

9. Birthplace Toronto Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Anton Burger
13. Birthplace Ahsasehoraine France
(City, town, or county) (State or foreign country)
14. Maiden name Thresa Haas
15. Birthplace Ahsasehoraine France
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Burger
(b) Address Kelso Mo

17. (a) Burial (b) Date thereof May 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Augustine Kexso Mo

18. (a) Signature of funeral director Bisplinghoff Hubbard
(b) Address Ill mo

19. (a) 10-13-44 (b) P. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Kexso
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1944 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4-29- 1944, to 5-12- 1944
that I last saw him alive on 5-12- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis
Chr Thrombosis
Due to _____
Due to _____

Other conditions Hypertension
(Include pregnancy within 7 months of death)

Major findings:
Of operations _____
Of autopsy 12/8

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature D. B. Elrod (M. D. or other)
Address Cape Girardeau Mo Date signed 5-13-44

MAY 24 1944

RECEIVED

District Health Officer No. 4
District File Number 544-3867
Date Filed 5-16-44

JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.